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UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.	03-111	ģ
First Inventor	Corcoran	ā
Title	Compaction Quality Assurance Based Upon Quantifying Compactor Interaction With Base Material	
Express Mail Label No.	EL 995369583 US	7

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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.						ESS TO:				
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Is considered	d a part of the dis	sclosure of the acc n has been inadve	ompanying o	r divisional app	lication and	is hereby incorp	porated by refe	erence. The incorporation can only	rence. The incorporation can only	
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☐ Custon	ner Number						OR 🛛 C	Correspondence address below	orrespondence address below	
Name	Name Michael B. McNeil									
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Address	P.O. Box 2417	,								
City	Bloomington State			IN	IN <i>Zip Code</i> 47402			47402		
Country	USA		Teleph	one	812-333-53	355	Fax	812-333-3173	812-333-3173	
Name (Print/Type) Michael B. McNeil Reg						lo. (Attorney/Ag	ent)	35,949	35,949	
Signature AB2E					\mathcal{A}		Date	02-19-04	02-19-04	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. PTC

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	810.0

Complete if Known						
Application Number						
Filing Date						
First Named Inventor	Corcoran					
Examiner Name						
Art Unit						
Attorney Docket No.	03-111					

METHOD OF PAYMENT (check all that apply)						FEE CALCULATION (continued)						
☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None					3. ADDITIONAL FEES							
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Deposit							1053	130	1053	130	Non-English specification	
Account						1812	2,520	1812	2,520	For filing a request for reexamination		
Name The Director is authorized to: (check all that apply)						1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
☐ Charge fee(s) indicated below ☑ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application						1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
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SUBMITTED BY Complete (if applicable)											
Name (Print/Type)	Michael B. McNeil	7	Registration No. (Attorney/Agent)		35,949	Telephone	812-333-5355				
Signature	2	65	n	\mathcal{X}		Date	02-19-04				

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